

Utilizing Care Coordinators to Increase Colorectal Cancer Screening

Redwood Community Health Coalition Promising Practice

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PROMISING PRACTICE OVERVIEW

In February 2018 OLE Health was experiencing a low colorectal cancer screening rate. To improve, they met with providers and care teams with the highest compliance rates to identify best practices. They found those care teams driven to get everything done during the patient’s visit were the most successful. After conducting a PSDA cycle testing actions (reminders) in the EHR (eCW), OLE found that their Care Coordinators were a good fit to provide patients education and screening, and to track these patients to complete their FIT test. Care Coordinators see patients often, and thus have formed a trusting relationship which has helped, in part, drive up the screening rate for colorectal cancer.

FIT kits are provided for free for the most part, and are covered by most if not all payors. OLE does receive some financial support through grant funding to coordinate with local community partners to improve colorectal cancer screening and coordination. Workflow changes and standardized patient follow-up have shown to be the most effective in increasing screening rates.

AIM

To increase the colorectal cancer screening rate by better utilizing Care Coordinators and improving patient follow-up.

MEASURES

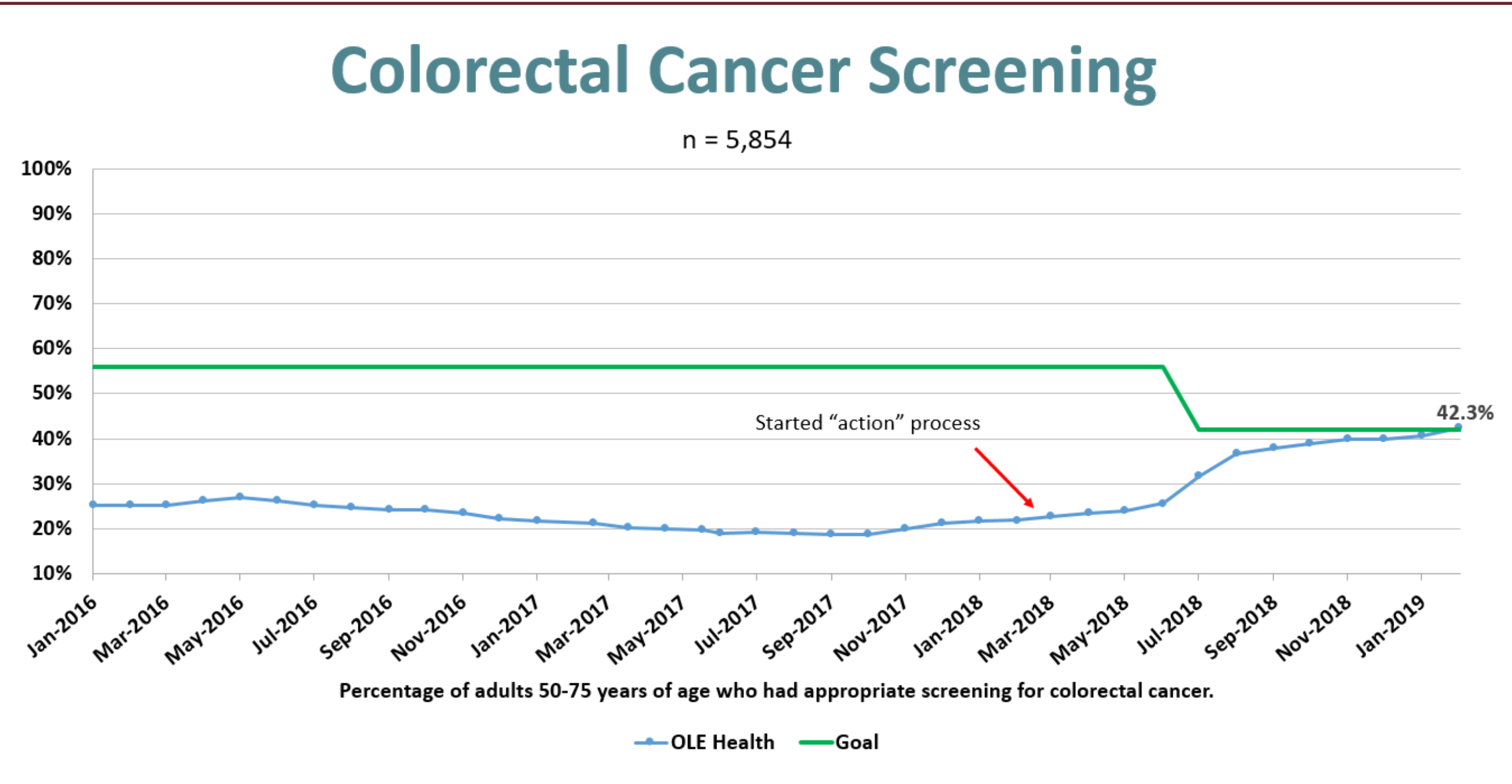
UDS Measure
Colorectal Cancer Screening: Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.

OLE rate started at 22% when they began this process in March 2018, and reached 42.3% as of February 2019. Some of the improvement was report data clean-up completed by OLE’s IT team, allowing the QI department to get better data. Much of the change however was from process change.

Process Measure: Average 75% 3-month return rate of FITs from patients who were educated on use.

RESULTS TO DATE

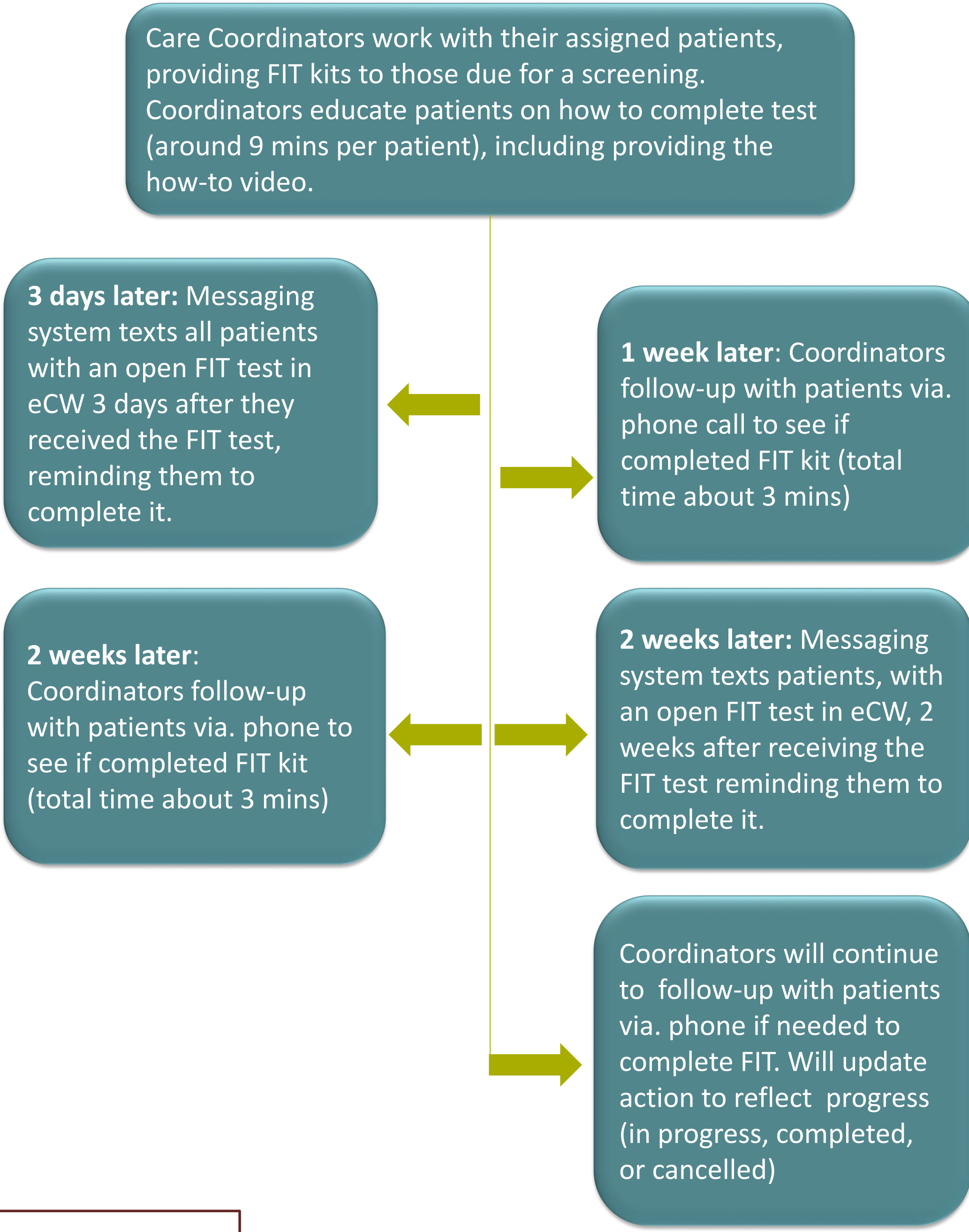
OLE has improved their screening rate significantly from March 2018 when the changes started. Care Coordinators were trained and patient follow-up proves to be a good use of their time.



ACTIONS TAKEN

1. Interviewed successful providers at Calistoga and St. Helena sites for process flow around Colorectal Cancer Screening.
2. Based on findings, developed actions (reminders) in EHR and protocol for following-up with patients regarding FIT test.
3. Disseminated best practice findings to Napa and Fairfield sites.
4. Provided Care Coordinators a script for following up with patients and administering patient education.
5. Used Marketing Director to create a short 2 minute patient education video on administering a FIT test. Video available in [English](#) and [Spanish](#).

WORKFLOW



LESSONS LEARNED & NEXT STEPS

OLE has started training their Medical Assistants (MA) on the current process, allowing them to catch more patients due for screening. Initial training has gone well. The health center will carefully review MA workload to ensure they have time to complete patient education and follow-up, and that they are comfortable doing so. OLE will continue to train new staff on the process and explore utilization of Cologuard as an additional option for patients.